

Consumer Experience and Outreach Advisory Committee Meeting

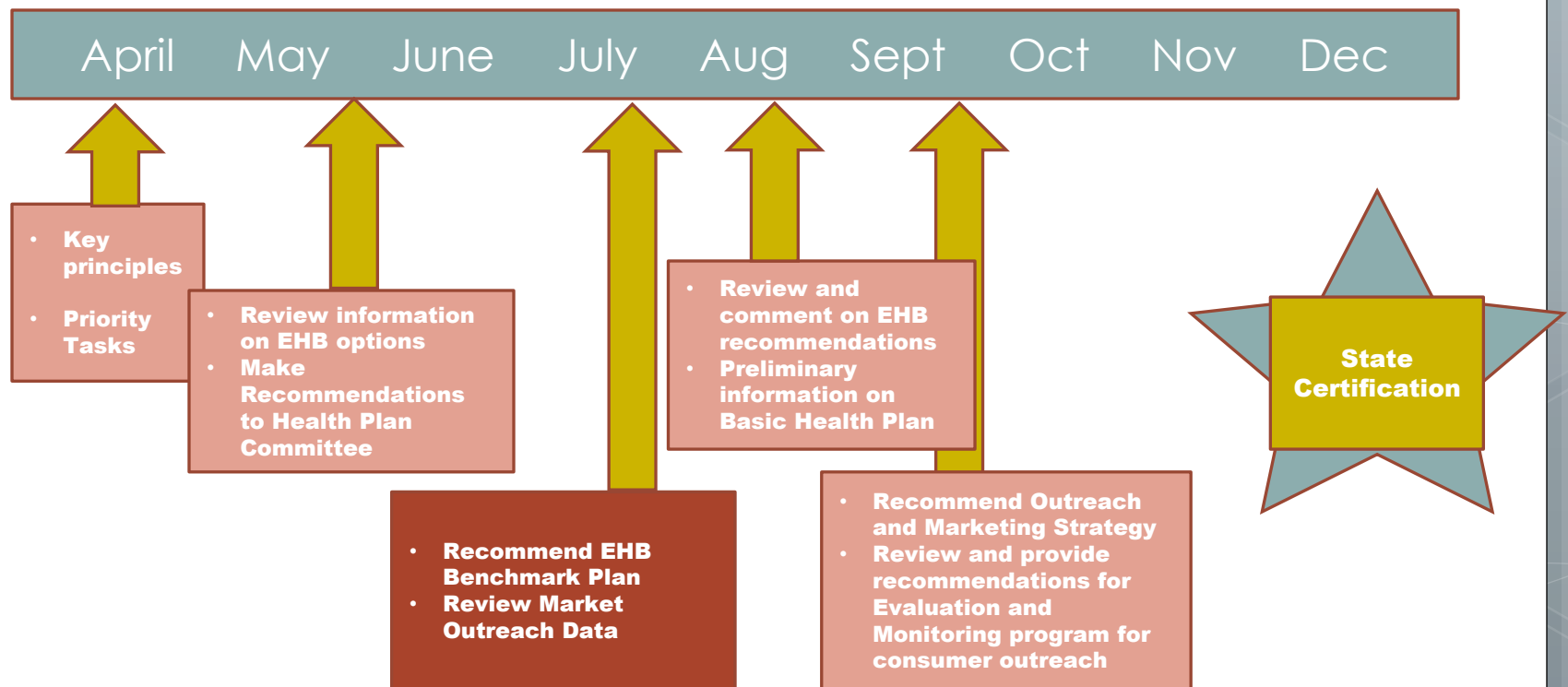
Connecticut Health Insurance Exchange
July 10, 2012

Agenda

- Call to Order and Introductions
- Review and Approval of Minutes
- EHB Discussion
- Review of Thomson Reuters Data
- Public Comment
- Adjournment

Consumer Experience

Committee Focus: State Certification



EHB Discussion Roadmap

Review Essential Health Benefit (EHB) Benchmark Plan Options with consideration given to EHB benchmark selection.

- **Mental Health Parity**
- **Prescription Drug Coverage**
- **Preventive and Wellness Services Chronic Disease Management**
- **Habilitative Services**

Mental Health Parity

- Mental Health and Substance Abuse (MHSA) must be treated the same as medical/surgical conditions
- Terms, conditions, cost sharing and prior authorization protocols for MHSA can not be more restrictive than for other medical conditions.
- Connecticut defines mental & nervous conditions as **all mental disorders** included in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
- Since 2000 Connecticut has required insurance carriers to provide coverage for MHSA conditions at parity with medical conditions on individual policies and fully insured (FI) small and large group policies.

Mental Health Parity Continued

- ACA requires all individual small and large groups whether Fully Insured (FI) or Self Insured (SI) to provide MHSA coverage.

Mental Health Parity Continued

- Cognitive Behavioral Therapy is a type of mental health counseling or psychotherapy focusing on negative or inaccurate thinking. Depending on the diagnosis for which counseling is rendered if the diagnosis is listed in the DSM, coverage will be provided at parity with medical conditions.

Prescription Drug Coverage

- Per Center for Consumer Information and Insurance Oversight (CCIO) coverage for prescription drugs can't be provided through a rider.
- If a benchmark plan option is lacking an EHB category such as prescription drugs, the state must supplement the coverage from another benchmark plan.
- The four remaining benchmark options that CT can choose from do not include prescription coverage as part of the base plan.

Prescription Drug Coverage continued

CClIO guidance states:

If a benchmark plan offers a drug in a certain category or class, all plans must offer at least one drug in that same category or class, even though the specific drugs on the formulary may vary.

Connecticut Insurance Department (CID) prohibits carriers from excluding any drug approved by the FDA that is deemed medically necessary to treat a covered illness or injury. Formularies are permitted, however CID requires carriers to cover non-formulary Rx if the insured has a medical condition that precludes them from taking the formulary drug.

Prescription Drug Coverage

- Unless CCIO revises the guidance, CT must supplement the benchmark plan option with the drug benefit included in either Oxford PPO Rx option, or one of the plans available through Federal Employee Health Benefit Programs (FEHBP) (e.g. Blue Cross Blue Shield standard option)
- Each of these options provide Rx coverage in all categories and classes of drug benefits. One option must be picked.

Preventive & Wellness Services & Chronic Disease Management

QHB plans must provide benefits for

- Evidence based items that have a rating of A or B in the current recommendations of United States Preventive Services Task Force (USPSTF) such as:

Preventive & Wellness Services & Chronic Disease Management

1. Preventive services and screenings
2. Adult and child Physical exams and immunizations (according to a set schedule)
3. Routine mammography exams
4. Routine PSA exams
5. Gynecological exams

There is no cost sharing for Preventive Services

Preventive & Wellness Services & Chronic Disease Management continued

- The Benchmark options also provide additional wellness /preventive & chronic disease management programs as supplements to the insurance contract.

Preventive & Wellness Services & Chronic Disease Management continued

- Examples of programs include
 1. Health Education and Lifestyle advice
 2. Asthma and Respiratory
 3. Care Management
 4. Cardiac Programs
 5. Cancer Programs
 6. Diabetes

Pediatric Services – Oral and Vision

- Currently coverage is generally provided separate from the medical portion of health plans.
- CCIO guidelines indicate that states may supplement EHB package with dental services from Federal Employees Plan (FEDVIP) or with the Children's Health Insurance Plan (CHIP) and for vision services the FEDVIP plan.

Pediatric Services – Oral

- FEDVIP and CHIP* cover preventive and basic dental services such as:
 1. Cleanings
 2. Fillings
 3. Root Canals
 4. Crowns
 5. Orthodontia (if medically necessary)
- * There are no significant differences between plans

Pediatric Services – Vision

- CCIO suggests states model coverage after the FEDVIP vision plan with the highest enrollment
- Coverage to include:
 1. Routine eye exams with refraction
 2. Corrective Lenses
 3. Contact Lenses

Habilitative Services

- Two approaches for providing coverage for Habilitative Services as determined by CCIO
 - 1. Habilitative Services offered at parity with other rehabilitative services (e.g. PT, OT, Speech in terms of duration and scope).
 - 2. QHPs would decide which Habilitative Services to cover and report to the Department of Health and Human Services.

EHB | Benchmark Options

Key Differences Among Plans

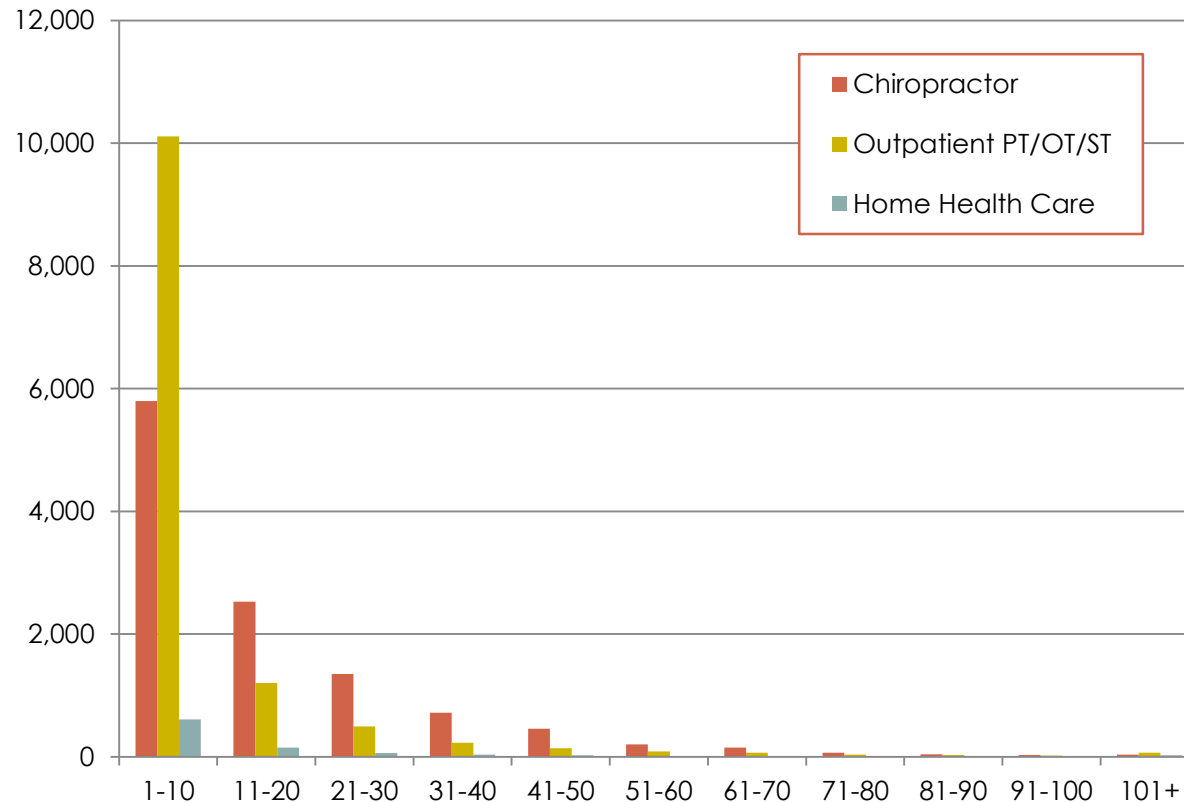
- Limitations
 - Home Health
 - Skilled Nursing
 - Rehabilitation
 - Chiropractic Care

EHB | Benchmark Options, Differences

Services	Small Group Products			State Employee Plans
	Anthem BCBS HMO	Aetna HMO	Largest HMO	
			ConnectiCare HMO	
Rehabilitative and Habilitative Services				
Home Health Care Services	100 visits	80 visits	100 visits	200 visits
Skilled Nursing Services	30 days/condition up to 90 days/year	30 days/year	90 days/year	unlimited
Inpatient Rehabilitation Services (PT/OT/ST)	60 days/condition (lifetime limit)	not specified	90 days/year (combined with SNF)	unlimited
Outpatient Rehabilitation Services (PT/OT/ST)	30 visits/year	20 visits/year	40 visits/year	unlimited (Out-of-Network: 30 visits/year)
Chiropractic Visits	20 visits	20 visits	20 visits	unlimited

EHB | Distribution of Utilization Rates

- Utilization rates among the 125,000+ state employee health plan members
- Approximately 10% of members required at least one rehabilitative service visit
- Fewer than 1% of all members required more than 20 outpatient PT/OT/ST visits



Reference: Milliman Report prepared for Office of the State Comptroller, Healthcare Policy & Benefit Services Division (claims data for period between 1/1/2011 – 12/31/2011)

EHB | Benchmark Options

- Anthem Bluecare (fully insured plan)
- ConnectiCare (fully insured plan)
- Aetna (fully insured plan)
- State of Connecticut Employee Health Plans (Self Funded)

Data Analysis | Overview

- Thomson Reuters was contracted to develop a more detailed profile of CT residents engaging with the Exchange and State programs beginning in 2013 and beyond
- Data was extracted and analyzed from several sources, including:
 - U.S. Census
 - America Community Survey
 - Insurance Coverage Estimates (ICE) tool
- Final deliverable consisted of 2 large Excel databases, with pivot tables embedded to facilitate analysis across 40+ variables



Data Analysis | Overview

- The first of these Excel documents contained estimates of the number of CT residents in 7 major categories of insurance coverage

- Medicaid
- Medicare
- Dual Eligible
- Employer Sponsored Insurance
- Exchange (Non-Group)
- Non-Exchange (Non-Group)
- Uninsured

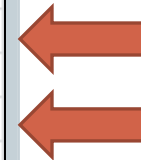
- For each category, a comprehensive breakdown of the estimates are available at additional sub-levels of detail:

- County
- Zip code
- Age
- Gender

Data Analysis | Approach

- Current year estimates place the number of uninsured at 344,582 statewide (or roughly 10% of the CT population).
- For the purpose of initial investigation, this group was analyzed first
- Given Medicaid program expansion, an additional analysis of this population (currently 15% of residents) was performed as well.

Insurance Coverage (2012	(#)	(%)
Private - Employer Sponsored	2,014,645	56.1%
Medicaid	537,827	15.0%
Medicare	422,610	11.8%
Uninsured	344,582	9.6%
Private - Direct Purchase	175,595	4.9%
Medicare - Dual Eligible	93,628	2.6%
Private - Exchange	-	0.0%
Grand Total	3,588,886	100.0%



Data Analysis | Key Findings

- A comprehensive geographic review of the data was performed to identify key areas of focus for future activities.
- **Major finding**: The uninsured population across the state (and within counties) is heavily concentrated in a small number of zip codes.

County	Column (A)		Column (B)
	(#) Uninsured Residents	(%) of Total Uninsured in State	(%) of Counties Uninsured Population in Top 20 Zips
New Haven	110,179	32.0%	82.9%
Hartfordd	100,289	29.1%	81.5%
Fairfield	69,526	20.2%	82.1%
New London	20,622	6.0%	95.7%
Windham	15,083	4.4%	99.4%
Litchfield	10,893	3.2%	90.9%
Tolland	9,140	2.7%	100.0%
Middlesex	8,849	2.6%	99.7%
Total	344,581		38.0%

e.g. 5 City of Hartford zip codes alone comprise 33% of the counties uninsured, and 10% of uninsured state wide

Data Analysis | Key Findings

- When conducting a similar analysis of the current Medicaid population, this same trend holds true.
- Major finding:** The zip codes with the heaviest concentration of uninsured are nearly identical to those with the largest Medicaid populations.

County	Column (A)		Column (B)
	(#) Uninsured Residents	(%) of Total Uninsured in State	(%) of Counties Uninsured Population in Top 20 Zips
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Hartfordd	100,289	29.1%	81.5%
Fairfield	69,526	20.2%	82.1%
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Windham	15,083	4.4%	99.4%
Litchfield	10,893	3.2%	90.9%
Tolland	9,140	2.7%	100.0%
Middlesex	8,849	2.6%	99.7%
Total	344,581		38.0%

County	Column (A)		Column (B)
	(#) Medicaid Residents	(%) of Total Medicaid in State	(%) of Counties Medicaid Population in Top 20 Zips
New Haven	156,881	29.2%	83.0%
Hartfordd	152,141	28.3%	82.5%
Fairfield	115,937	21.6%	82.2%
New London	40,772	7.6%	95.7%
Litchfield	22,580	4.2%	90.9%
Windham	18,740	3.5%	99.4%
Middlesex	17,203	3.2%	99.7%
Tolland	13,572	2.5%	100.0%
Total	537,826		38.0%

Data Analysis | Approach

- The second data set that was developed by Thomson Reuters profiles the demographic characteristics of currently uninsured populations who will be eligible for either Medicaid enrollment, or enrollment via the Exchange, as the result of new eligibility requirements.
 1. Children in the state who will be Medicaid or SCHIP eligible
 2. Adults(18+) in the state who will be Medicaid eligible
 3. Children in the state who will be in eligible for subsidized purchase via the Exchange
 4. Adults (18+) in the state who will be eligible for subsidized purchase via the Exchange

Data Analysis | Key Findings

- When looking at the adult population who will be impacted via Medicaid expansion or through subsidized QHP purchase, some theme's emerge:

	Uninsured Adults in Connecticut Currently Medicaid Eligible		Uninsured Adults in Connecticut Currently Exchange Eligible	
	(#)	(%)	(#)	(%)
Total	66,465	--	205,401	--
US Citizen	46,673	70.2%	145,641	70.9%
US Born	38,783	58.4%	122,580	59.7%
Disabled	8,670	13.0%	13,125	6.4%
Ambulatory Difficulty	3,223	4.8%	5,944	2.9%
Self Care Difficulty	1,056	1.6%	2,032	1.0%
RACE: White	34,397	51.8%	135,677	66.1%
RACE: Black	15,204	22.9%	28,007	13.6%
RACE: Asian	4,387	6.6%	11,139	5.4%
RACE: Native American	1,498	2.3%	1,777	0.9%
ETHNICITY: Hispanic	22,481	33.8%	66,323	32.3%
Difficulty Speaking English	11,503	17.3%	35,296	17.2%

Exchange eligible adults ½ as likely to be disabled

Exchange eligible population 2/3rds White, with consistent levels of Hispanic representation

Both populations have consistent proportions of individuals with difficulty speaking English

Data Analysis | Next Steps

- Current view of data provides geographic overview and demographic overview... but separately.
- Will be working with CERC on providing a combined view of the information to aid in more targeted development of:
 - Outreach and education efforts
 - Marketing plans
 - Communication materials
 - Navigator efforts
- In addition to current tables, an additional set of summary documents will be prepared profiling these findings, in addition to the development of “heat maps” to visually illustrate various concentration levels

Committee | Next Steps

You will be provided the following documents to review and discuss during the August Meeting:

- August: Recommendation to Board re. EHB

Next Meeting: **Tuesday, August 7 @ 9-11am**
Location: Legislative Office Building 1B